

BEST AVAILABLE COPY

01 APR 2006

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/663516						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

Arrows and handwritten marks indicate the flow of data from the first table to the second table, specifically pointing from the 'TOTAL' rows of the first table to the corresponding 'TOTAL' rows of the second table.